

## Children's Residential - Exception Request

Agency Name: \_\_\_\_\_

Approved Age Range: \_\_\_\_\_ to \_\_\_\_\_

Site Address: \_\_\_\_\_

Max.Capacity Approved: \_\_\_\_\_

Phone & Fax: \_\_\_\_\_

Additional Approved Services:

☐ M.H. ☐ Alcohol & Drug ☐ Education

Agency Type \_\_\_\_\_

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Child's Initials: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: ☐ Male ☐ Female DHHS / Guardian: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Original Discharge Date: \_\_\_\_\_ Requested Discharge Date: \_\_\_\_\_

### Other Children in Home:

<u>Gender</u>	<u>Age</u>	<u>Gender</u>	<u>Age</u>
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

### Reason For Exception Request:

☐ Sibling Group ☐ Outside licensed age range but within 5 year range  
☐ Other \_\_\_\_\_ ☐ Inside licensed age range but outside 5 year range of current milieu

Additional Comments: Please Include The Child's Known Needs and Issues: \_\_\_\_\_

Plan To Address Needs/Safety Issues of the Child and Impact On The General Milieu: \_\_\_\_\_

(PLEASE ATTACH ADDITIONAL DOCUMENTS AS NEEDED)

Please Check All That Apply:

☐ No Additional Staff Measures Needed

☐ Other \_\_\_\_\_

☐ Constant Eyes-On Supervision Of Child

☐ Additional Staffing During The Following Hours ( \_\_\_\_\_ to \_\_\_\_\_ )

\_\_\_\_\_  
Staff Requesting the Exception/Title

\_\_\_\_\_  
Date

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Approved: ☐ Yes ☐ No

\_\_\_\_\_  
Approving Signature, Title

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

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